

#3

DOCKET NO. 1818.1030-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application☐ Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Method for Determining Physiological Effects of Hemoglobin

the specification of which (check one)

☐ is attached hereto.☒ was filed on January 31, 2002 as United States ApplicationNumber or PCT International Application No. 10/066,320

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

| <u>Prior Foreign Application(s)</u> | | | Priority Not Claimed | Certified Copy Filed? | |
|-------------------------------------|--------------------|---------------------------------|----------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Jonathan S. Stamler

Inventor's Signature _____ Date _____

Residence 101 Juniper Place

Chapel Hill, NC 27514

Citizenship U.S.A.

Mailing Address Same as above

Full name of second joint

inventor, if any Andrew J. Gow

Inventor's Signature _____ Date _____

Residence 197 Carter Road

Princeton, NJ 08540

Citizenship Great Britain

Mailing Address Same as above

Full name of third joint

inventor, if any David J. Singel

Inventor's Signature  Date 8/14/02

Residence 3185 Summer Cutoff Road

Bozeman, MT 59715

Citizenship U.S.A.

Mailing Address Same as above



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| | | | | YES | NO |
| (Number) _____ | (Country) _____ | (Day/Month/Year filed) _____ | [] | [] | [] |
| (Number) _____ | (Country) _____ | (Day/Month/Year filed) _____ | [] | [] | [] |
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Full name of sole

or first inventor Jonathan S. Stamler

Inventor's Signature *Jonathan S. Stamler* Date 4/1/02

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Chapel Hill, NC 27514

Citizenship U.S.A.

Mailing Address Same as above

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Inventor's Signature _____ Date _____

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| _____ (Number) | _____ (Country) | _____ (Day/Month/Year filed) | [] | [] | [] |
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Mailing Address Same as above

Full name of second joint

inventor, if any Andrew J. Gow

Inventor's Signature  Date 5/24/02

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Citizenship Great Britain

Mailing Address Same as above

Full name of third joint

inventor, if any David J. Singel

Inventor's Signature _____ Date _____

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Bozeman, MT 59715

Citizenship U.S.A.

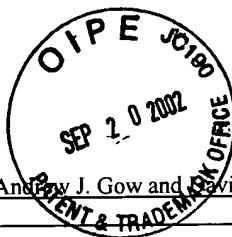
Mailing Address Same as above

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STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.27(a))-NONPROFIT ORGANIZATION

DOCKET NUMBER: 1818.1030-003

Applicant or Patentee: Jonathan S. Stamler, Andrew J. Gow and David J. Singel
Application or Patent No.: 10/066,320
Filed or Issued: January 31, 2002
Title: Method for Determining Physiological Effects of Hemoglobin



I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Montana State University - Bozeman
ADDRESS OF NONPROFIT ORGANIZATION 304 Montana Hall, MSU
Bozeman, Montana 59717

TYPE OF NONPROFIT ORGANIZATION:

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C.501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF
LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.27(a)(3) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby state that the rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities. No rights to the invention are held by any person who would not qualify as a person under 37 CFR 1.27(a)(1) or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2) or a nonprofit organization under 37 CFR 1.27(a)(3).

Each person, concern, or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern, or organization is listed below.

Duke University
Erwin Road
Durham, North Carolina 27710

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.27(g)(2))

NAME OF PERSON SIGNING Rebecca W. Mahurin, Ph.D.

TITLE IN ORGANIZATION OF PERSON SIGNING Director, Technology Transfer Office

ADDRESS OF PERSON SIGNING 304 Montana Hall, Montana State University - Bozeman; Bozeman, Montana 59717

SIGNATURE Rebecca W. Mahurin DATE July 26, 2002
Rebecca W. Mahurin July 26, 2002

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.27(a))-NONPROFIT ORGANIZATION

DOCKET NUMBER: 1818.1030-003

Applicant or Patentee: Jonathan S. Stamler, Andrew J. Low and David M. Singel

Application or Patent No.: 10/066,320

Filed or Issued: January 31, 2002

Title: Method for Determining Physiological Effects of Hemoglobin

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Duke University

ADDRESS OF NONPROFIT ORGANIZATION Erwin Road

Durham, North Carolina 27710

TYPE OF NONPROFIT ORGANIZATION:

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
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LOCATED IN THE UNITED STATES OF AMERICA
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NAME OF PERSON SIGNING Robert L. Taber

TITLE IN ORGANIZATION OF PERSON SIGNING Vice Chancellor, Duke University

ADDRESS OF PERSON SIGNING Room 1121, Davison Building, Duke South Hospital

Durham, North Carolina 27710

SIGNATURE

DATE

9/3/02